DEFINAT. ZI. ZVIZ 134/AM INE WEXTORS HOUS No. 9148 PRIL: 5: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL In PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) INITIAL COMMENTS F 000 The annual recertification survey and complaint investigations of Complaint #s 28620 and 28726 were completed onsite February 29, 2012. No deficiencies were cited related to the complaints under 42 CFR 483.13, Requirements for Long Term Care. F 157 483.10(b)(11) NOTIFY OF CHANGES F 157 1. Resident #1 who was identified during (INJURY/DECLINE/ROOM, ETC) SS=D April 9, 2012 survey as having the wrong Foley catheter sized 18/30cc placed in their urinary A facility must immediately inform the resident; bladder when it was ordered by the MD as consult with the resident's physician; and if a 16/5cc, had an order obtained from known, notify the resident's legal representative physician for Poley catheter size 18/30cc or an interested family member when there is an on 2/28/12. accident involving the resident which results in 2. All other residents who have Foley injury and has the potential for requiring physician catheters in their urinary bladder had their intervention; a significant change in the resident's Foleys checked for correct size per the physician orders on 2/29/12. physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial A systematic approach to ensure that all residents who have physician orders for a status in either life threatening conditions or Foley catheter get the correct size will have clinical complications); a need to alter treatment their Foley catheter audited on a monthly significantly (i.e., a need to discontinue an basis by the Quality Assurance Nurse and existing form of treatment due to adverse documented on an audit tool. All Unit consequences, or to commence a new form of Managers and Medication Nurses will treatment); or a decision to transfer or discharge receive in-service education on placing the the resident from the facility as specified in correct Foley size per the physician order. Monitoring of correct Foley catheter size §483.12(a). per physician orders will be monitored per a Poley Catheter Audit tool by the Quality The facility must also promptly notify the resident Assurance Nurse and compliance reported and, if known, the resident's legal representative monthly at the Quality Assurance meeting. or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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my deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencles are cited, an approved plan of correction is requisite to continued

Facility ID: TN8208

STATEME	NT OF DEFICIENCIES	IN The Wextord House AND HUMAN SERVICES & MEDICAID SERVICES				FORM	6 : 03/08/2012 MAPPROVED). 0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTI ILDIN	PLE CONSTRUCTION G	(X3) DATE : COMPL	BURVEY
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	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CO		29/2012
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F 157	the address and pho- legal representative	one number of the resident's or interested family member.	F1	57			
	Based on medical re the facility failed to no	T is not met as evidenced ecord review and interview, otify the physician prior to ling catheter size for one residents.				5	
	The findings included Resident #1 was adm 15, 2011, with diagno Ulcer, Dysphagia, Ser Diabetes.	itted to the facility on April			*		
ļi	Jidei daled Decembe	revealed a physician's r 14, 2011, to insert an prevent contamination of an	×				
o N C: W m	pecember 14, 2011, re- rentimeter) indwelling of ordered. Continued ma lurse's Note dated Jar atheter came out during with an 18/10cc indwell nedical record review of anuary 7, 2012, revea	of a Nurse's Note dated					
į tn	edical record review ne physician had been ze had been increased	evealed no documentation notified when the catheter			8		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 9148 P. / PRINTED: 03/08/2012 FORM APPROVED OMB NO. 0938-0391

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X3)	AUT	CIDI F COMPTENDED		<u>0. 0938-0391</u>
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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F 157	Continued From pag	re 2	F1	157			
35=D)	at 12:30 p.m., reveal cc Indwelling cathete time confirmed the protified of the cathete 483.13(a) RIGHT TO PHYSICAL RESTRA The resident has the physical restraints im	BE FREE FROM INTS right to be free from any	1	21	Resident #11 who was identified survey as not having a consent signification. Side Rails, which were presented mobility to assist resident with good bed, had the Side Rails removed.	sent for etting out	April 9, 2012
t t	discipline or convenie treat the resident's me This REQUIREMENT by: Based on medical recand Interview the facili obtain signed consent hree quarter side rails hirty residents reviewed the findings included: Clesident #11 was admanuary 17, 2012, with	is not met as evidenced cord review, observation, ity failed to assess and for the use of bilateral for one resident (#11) of ed.			resident was placed in a low 1 2/28/12. This change will allow he out of bed at will. 2. All other residents who have Side Ra their medical record reviewed to that a consent was signed by the r and/or POA allowing the side rails t place along with the reason for presence. 3. A systematic approach to ensure to residents who have Side Rails h consent in place will have their Side audited on a monthly basis by the Manager or Quality Assurance Nurs documented on an audit tool. All Managers and the Incident & Ace Nurse will have in-service educatio obtaining a signed accept.	Rails had on ensure resident to be in for their that all have a de Rails he Unit urse and the Coldent their that all coldent the coldent that all the coldent their that all the coldent their that all the coldent that all the coldent that all the coldent their coldent that all the coldent the coldent the coldent that all the coldent the coldent that all the coldent	
(F G P M (N re	Parkinson's Disease), in Parkinson's Disease), in Parkinson's Disease), in Parkinson's Disease), in Parkinson's Disease, and Vasculedical record review of MDS) dated January 2 sident had severe cogquired extensive assis	i, Paralysis Agitans ase), Congestive Hea rt Fai lure, tv Disorder, Anemia, Cardiac		4	obtaining a signed consent for any s along with the reason documented t rail implementation. Consent for Side Rails will be mo per a Restraint Audit tool by the o Assurance Nurse and compliance re monthly at the Quality Assurance me	for side mitored Quality eported	

DEFACTIVENT OF HEALTH AND HUMAN SERVICES No. 9148 P. 8 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO, 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP GODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 221 Continued From page 3 F 221 assistance of one person. Medical record review of the nurse's notes and interview with the Falls and Incident Coordinator confirmed the resident had no falls or injuries at the facility since admission. Observation on February 27, 2012, at 5:40 a.m., in the resident's room, revealed the resident sitting up at the foot of the bed, "... I'm about to get up to...(go to the bathroom)." Further observation revealed the three quarter side rails were up on both sides of the bed and staff were not in the room to assist. Observation and interview in the resident's room on February 27, 2012, at 5:45 a.m., with Licensed Practical Nurse #12, confirmed the side rails were up on both sides of the bed and the resident was trying to get out of the bed. Interview with Director of Nursing (DON) on February 27, 2012, at 8:55 a.m., in the Éxecutive Conference Room, confirmed the resident's exiting the bed at the foot with bilateral raised side rails was not a normal way for the resident to get out of bed and the side rails were preventing the resident's normal exit from the bed. Interview with the Falls and Incident Coerdinator on February 27, 2012, at 9:00 a.m., in the Executive Conference Room, confirmed a restraint assessment had not been completed and a consent for the use of side rails had not been obtained. 483.15(e)(1) REASONABLE ACCOMMODATION F 240 F 246 It was noted during survey on 2/27/12 that OF NEEDS/PREFERENCES April 9, 2012 SS=D Resident #15 had a 42" bariatric air mattress in place, which had a "gap"

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sthe right to reside and receive a facility with reasonable ons of individual needs and except when the health or safety or other residents would be seemed when the health or safety or other residents would be seemed when the health or safety or other residents would be seemed when the facility failed to ensure significant was in place for one of thirty resident's reviewed. Studed: Studed: State and mitted to the facility on the part with Delusions, Senile coarthritis, and Diabetes with seemed with the server of the Minimum Data Set server of the Mi	of	DEFICIENCY) Cont. between the left side bedrai measuring 5.5" which is about limit of 4.6". This air replaced on 2/27/12 with a 1 measuring at least 48" and of the gap requirement limit. All other resident's mattrefacility were checked to ma mattress-side rail gap measure exceed the 4.6" required limit. A systematic approach to er resident's mattresses do not ex mattress-side rail gap requirem be audited on a monthly foughtly Assurance Nurse or U and documented on an audit 1 Managers, Medication Nurse SV's. C.N.A. SV, C.N.A.'s Quality Assurance Nurses will service education on the mattrespap requirement. Monitoring of mattress-side requirement limit will be monimattress-Side Rail Gap Audit Quality Assurance Nurses and	l and mattress we the required mattress was arger mattress lid not exceed esses in the ke sure their ement did not on 2/27/12. Issure that all exceed the 4.6" tent limit will wasis by the Init Manager og. All Unit es, Nursing and the creceive interess-side rail rail gap intored per a Log by the	April 9, 2012
	CARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445207 PPLIER E ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) DIPER DI	A BULL A STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL PREFIX OR LSC IDENTIFYING INFORMATION) TO THE PREFIX OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL PREFIX OR LSC IDENTIFYING INFORMATION) TO THE PREFIX OF THE PRECEDED BY FULL PREFIX TAG TO THE PREFIX TAG	INCARE & MEDICAID SERVICES ES (X1) PROVIDER/SUPPLIER/LIA IDENTIFICATION NUMBER: 445207 B. WING STREET ADDRESS, CITY, STATE, ZIP CO 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DETRICIENCY) DOTH page 4 IS the right to reside and receive a facility with reasonable ons of individual needs and except when the health or safety of or other residents would be EMENT is not met as evidenced dical record review, observation, the facility failed to ensure uipment was in place for one of thirty resident's reviewed. Cluded: Tas admitted to the facility on 9, with disagnoses including nitia with Delusions, Senile oarthritis, and Diabetes with Service of the Minimum Data Set abruary 7, 2012, revealed the verely cognitive impaired and ve assistance with toileting, nisfers. February 27, 2012, at 8:30 a.m. in the resident's room, revealed in the period of the hed and the air a. Further observation revealed be between the air mattress and be left side of the hed and the air a. Further observation revealed be left side of the hed and the air before the definity with reasonable STREET ADDRESS, CITY, STATE, ZIP CO 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DETRICENCY Cont. between the left side bedrain measuring 5.5" which is abor imit of 4.6". This air replaced on 2/27/12 with a 1 measuring 3.4 say stemetic and the gap requirement. 2. All other resident's mattresses do not ex mattress-side rail gap requirem be audited on a monthly it Quality Assurance Nurse or I and documented on an audit I Managers, Medication Nurse Cont. 4. Monitoring of mattress-side requirement. 4. Monitoring of mattress-side requirement limit will be mon Mattress-Side Rail Gap Audit Quality Assurance Nurse and revorted monthly at the Quality meeting.	MCARE & MEDICAD SERVICES SOME (X1) PROVIDERSUPPLERICLA IDENTIFICATION NUMBER: 445207 STREET ADDRESS, CITY, STATE, ZIP CODE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 STREET ADDRESS, CITY, STATE, ZIP CODE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 PREFIX TAG TAG CONT. DETERMINED THE APPROPRIATE DESCRIPTION OF DESCRIPTION (EACH CORRECTIVE AN OFFICIAL PROPRIATE DESCRIPTION OF THE APPROPRIATE DESCRIPTION OF TH

No. 9148 P. 10 03/08/2012 DEFARTMENT UF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B, WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 246 Continued From page 5 F 246 Interview with Unit Manager #5, on February 27, 2012, at 8:45 a.m., in the 500 Wing hallway, revealed "the resident does not get up without assistance and is very reluctant to get out of the bed." Observation and interview with Maintenance Employee #1, on February 27, 2012, at 12:55 p.m., In the resident's room, revealed the following measurements: a 5.5" (inch) gap between the resident's air mattress and the side rail on the left side of the bed. Further interview confirmed the resident's bed was a bariatric bed (48") and the air mattress pad was a 42" air mattress. Observation and interview with the Quality Assurance Coordinator, on February 28, 2012, at 8:00 a.m., in the resident's room, confirmed a 5.5" gap between the air mattress and the bedrail on the left side. Further interview confirmed the air mattress should be a 48" air mattress pad. Observation and interview with the Administrator on February 28, 2012, at 8:20 a.m., in the resident's room, confirmed the 5.5" gap between the air mattress and the bedrail and the 42" air mattress was not appropriate for the bariatric bed. F 279 483.20(d), 483.20(k)(1) DEVELOP F 279 1. Resident #2 who did not have his Tube COMPREHENSIVE CARE PLANS SS=D April 9, 2012 Feeding and PICC Line D/C'ed on the Care Plan, had this D/C information documented A facility must use the results of the assessment on the Care Plan on 2/29/12. to develop, review and revise the resident's comprehensive plan of care. Cont. The facility must develop a comprehensive care

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The state of the s	medical, nursing, an needs that are identi assessment. The care plan must of to be furnished to attachighest practicable processes and any service of the required under \$483.25; and any service of the resident's of \$483.10, including the under \$483.10, including the under \$483.10 (b)(4). This REQUIREMENT by: Based on medical record facility failed to reviewed. The findings included: The service of the resident's of the findings included: The facility failed to review of the findings included: The care plan must of the process of the p	ant that includes measurable ables to meet a resident's dimental and psychosocial fied in the comprehensive describe the services that are ain or maintain the resident's hysical, mental, and ang as required under vices that would otherwise 83.25 but are not provided exercise of rights under exight to refuse treatment is not met as evidenced cord review and interview rise a comprehensive care #2) of thirty residents		DEFICIENCY	who have to D/C'ed nented on the that all less and/or Plan, will essed for the Unit lurse and or PICC gers and have insment to ill Tube esident's to of the dates on onitored the Audit tree and	April 9, 2012
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	F 279	Medical record review	w of the resident plan of	F 2	79				-
		lineJevity (type of to	ube feeding)"						
	F 280 A ss=D iii in p c A w con in pi foo dii ear the leg an ea	the 500 hall nurse's siline and the feeding to Continued interview a facility failed to revise changes. 483.20(d)(3), 483.10(l) PARTICIPATE PLANT The resident has the resident or otherwork the resident or otherwork the participate in planning thanges in care and the comprehensive care within 7 days after the comprehensive assess the disciplinary team, the resident, and other the resident, and other the resident, the resident of the extent practice resident, the resident of the extent practice resident, the resident of the extent practice and revised by a team of the disciplines as determined the resident.	icensed Practical Nurse (28, 2012, at 10:07 a.m., at tation confirmed the PICC ube had been discontinued, it this time confirmed the the care plan to reflect the (3)(2) RIGHT TO VING CARE-REVISE CP ight, unless adjudged ise found to be e laws of the State, to care and treatment or eatment. plan must be developed completion of the ment; prepared by an hat includes the attending nurse with responsibility her appropriate staff in ed by the resident's needs, cable, the participation of int's family or the-resident's diperiodically reviewed of qualified persons after	F 28	2	1. Resident #1 who did not have catheter insertion on the Care Plan information documented on the Con 2/29/12. 2. All other residents in the facility was Folcy catheter insertion have a Folcy catheter insertion have a Folcy insertion documented on their Cas well. A systematic approach to ensure residents who have a Folcy insertion documented on their Cawill have this information assess completeness each month by the Manager or Quality Assurance Nurdocumented on a Folcy catheter and All Unit Managers and Quality Assistaff will have in-service education requirement to document the Catheter insertion on the resident's Plan. Monitoring to ensure compliance Folcy Catheter insertion are document the resident's Care Plan will be more per the Folcy Catheter Audit tool to Quality Assurance Nurse and regmonthly at the Quality Assurance meeting the catheter of the part of the pa	that all catheter re Plan, sed for the Unit rese and dit tool. surance on the Foley s Care of the uted on thicked to the uted on the ted on the	April 9, 2012	
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	Ulcer, Dysphagia, Se Diabetes. Medical record review an indwelling cathete 14, 2011, to prevent of wound.	nitted to the facility on April pses including Pressure enile Dementia, and work of a Nurse's Note revealed was inserted on December contamination of the open			er er	5 5	
F 281 SS=D	plan had not been revice theter. Interview with the MD: Coordinator in the MD 2012, at 12:45 p.m., of failed to revise the carthe indwelling catheter 483.20(k)(3)(i) SERVIC PROFESSIONAL STAThe services provided must meet professional	S office, on February 27, onfirmed the facility had a plan to reflect the use of CES PROVIDED MEET NDARDS or arranged by the facility I standards of quality.	F 281	1.	Resident #4 who had IV hinfusing at the bedside with no labeling to show right residemedication, right route, right from time on the front of the burvey had this information a 2/29/12. Cont.	additional ent, right dose, and ag during	April 9, 2012

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(X4) II PREFI TAG	X (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	MIN D BE	(X5) COMPLETION DATE
F 28	resident (#4) of thirty The findings include Resident #4 was adr December 12, 2011, Difficulty Walking, Ro Muscle Weakness, C Diabetes Mellitus, Pe Osteomyelitis. Medical record review	c for administration for one residents reviewed. d: mitted to the facility on with diagnoses including espiratory Abnormalities, Other Orthopedic Aftercare, eripheral Neuropathy, and	r one F 281 Cont. 2. All o Medic additi right and rig 3. A sys resider additio right right right and rig be aud Manag Quality on an riders		All other residents in the facility with IV Medication infusing at the bedside also had additional labeling to show right resident, right medication, right route, right dose, and right time on the front of the had		d l
	Cipro (Ciprofloaxin, a (milligrams) IV (intrav daily) re (reference) of Ciprofloaxin, and daily) re (reference) of Ciprofloaxin the resident's room two empty IV medicate manufacturer's labels 200 mg in 100 millilite no additional labeling medication, right route	renously) BID (two times esteomyeitis" Fary 27, 2012, at 5:30 a.m., revealed an IV pole with ion bags with designating Ciprofloaxin rs (ml) of sterile diluent with to show right resident, right e, right dose, and right time.			Managers, and Quality Assura will be in-serviced on the requestion of the IV medication bag to see that there is additional the IV medication bag to see the IV medication bag to see the IV medication on the front dose, and right time on the front. 4. Monitoring to ensure all IV information has the right resident, right route, right right time on the front of the beautiful monitored for compliance by an IV Medications on an individual the Unit Manager. House SV N	urses, Unit nee Nurses birement to abeling on how right oute, right of the bag. Aedication lent, right dose, and ag will be diting the basis by	
F 322 SS=D	medications were not for the resident. 483.25(g)(2) NG TRE/RESTORE EATING S Based on the comprehersident, the facility musho is fed by a naso-g	KILLS tensive assessment of a ust ensure that a resident astric or gastrostomy tube te treatment and services	F 322		will report results to the month! Assurance meeting,	not have	April 9, 2012

DEFAI	T. ZI. ZUIZ 9:48A	M The Wextord Hous AND HUMAN SERVICES	е	No. 9	148 P.	15 ט: 03/08/201
CEIVIE	EKS FOR MEDICARE NT OF DEFICIENCIES	& MEDICAID SERVICES			FOR	M APPROVE
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	TIPLE CONSTRUCTION	(X3) DATE COMP	D. 0938-0391 SURVEY
		445007	B. WING		},.,,	LLILU
NAME OF	PROVIDER OR SUPPLIER	445207	J. WING		02/	29/2012
1	RD HOUSE, THE			TREET ADDRESS, CITY, STATE, ZIP CODE 2421 JOHN B DENNIS HIGHWAY		
(X4) ID PREFIX TAG	(COCH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO	VIII D DE	(X6) COMPLETION DATE
R via	possible, normal eating possible, and #19) of thirty possible poss	n, metabolic abnormalities, al ulcers and to restore, if ing skills. is not met as evidenced in, review of facility policy, ity failed to ensure tube y labeled for two residents in residents reviewed. Initted to the facility on a diagnoses including Brain Accident, Respiratory Wellitus. In y 28, 2012, at 7:33 a.m., ving in the bed with ed tube feeding) infusing thour per the sopic Gastrostomy (PEG) at have a start time. Ilicy, Gastric Tube Feeding evised May 2009, ribeddate, time, label Practical Nurse #7 on 48 a.m., in the resident's a feeding was not timed.	F 322	DEFICIENCY)	have Tube If their Tube ed on their It. It that all edings will ed on their each tube in audit log Manager or Medication I Quality in-service document ing on the It will be art Time	4. 40
Jai	esident #14 was admit nuary 12, 2012, with d mentia with Delirium,	ted to the facility on iagnoses including: Chronic Kidney Disease,		ė d		

DEFAILURENT OF HEALTH AND HUMAN SERVICES No. 9148 P. 16 PRINTED: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 322 : Continued From page 11 F 322 Cardiomyopathies, prior Cardiac Arrest, Acute Myocardial Infarction, Chronic Respiratory Failure, Ventilator Weaning, and Anoxic Brain Damage. Medical record review of the Minimum Data Set (MDS), dated January 18, 2012, revealed resident #14 had severely impaired cognitive skills, required continuous oxygen therapy and tube feedings. Observation on February 28, 2012, at 12:45 p.m., in the resident's room, revealed the tube feedings (Glucerna 1.2) infusing at 80 milliters (ml) per hour and the label on the tube feeding bag had no time as to when the Glucerna was started. Interview with Unit Manager #5, on February 28, 2012, at 12:45 p.m., in the resident's room, confirmed the facility failed to place the time on the label and did not follow facility policy. F 323 483.25(h) FREE OF ACCIDENT F 323 SS=D HAZARDS/SUPERVISION/DEVICES 1. Residents: #8, #9 and #11 who were noted during survey to have had April 9, 2012 The facility must ensure that the resident their Pressure Alarm Device not environment remains as free of accident hazards working correctly as related to a as is possible; and each resident receives recent fall, had their devices adequate supervision and assistance devices to checked to ensure they were prevent accidents. currently working properly on 2/29/12. 2. All other residents in the facility who have Pressure Alarm Devices had these devices checked on This REQUIREMENT is not met as evidenced 2/29/12 for proper function. by: Based on medical record review, observation, Cont review of facility policy, and interview, the facility failed to ensure a safety device was activated for

ine wextord House

CEIVI	ERS FOR MEDICARE	INE WEXTORD HOUS AND HUMAN SERVICES MEDICAID SERVICES	e		. No.	9148 P.	17 -0. 03/08/2012 RM APPROVED
SINIEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDING	PLE CONSTRUCTION	(X3) DATE	O. 0938-0391 SURVEY PLETED
NAME OF		. 445207	B. WII	NG			A STANDARD AND AND AND AND AND AND AND AND AND AN
	F PROVIDER OR SUPPLIER ORD HOUSE, THE		Ì	24	ET ADDRESS, CITY, STATE, ZIP CODE 21 JOHN B DENNIS HIGHWAY	<u> 02</u>	/29/2012
(X4) ID PREFIX TAG	(COOR DEFICIENTLY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORR. (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	JOIN DE	(X5) COMPLETION DATE
F	The findings included Resident #8 was adm November 15, 2011, Vascular Dementia w Delusions, Paralysis Dementia with Behave Chronic Obstructive Fobstructive Sleep Applobesity, and Long-ter Medical record review revealed the resident 2, 2011, with no injuried Medical record review December 7, 2011, at "Called to room by CN Assistant). Noted resident with the condition of the resident, and February 29, resident's room, revealed.	ities to the facility on with diagnoses including ith Depressed Mood and Agitans, Atrial Fibrillation, ioral Disturbance, Diabetes, Pulmonary Disease, nea, Hypertension, Morbid m Anticoagulants. of the Nursing Notes had one fall on December es. of a Nursing Note dated 8:00 p.m., revealed, A (Certified Nursing dent sitting in floor in front esident stateswas trying noted to (L) (left) forearm est above wrist. Cleaned dent on February 27, ruary 28, 2012, at 8:50 2012, at 7:40 a.m., in the ed the resident in bed with and a personal safety clip colicy, Falls Protocols aled." One fall, PSA	F3	23	Cont. 3. A systematic approach to that all Pressure Alarm Devi working properly will accomplished by a weekly preformed by the CASSURANCE NURSES OF C.N.A and placed on an audit too C.N.A.'s, Charge Medication Nurses and CASSURANCE Nurses will be given service education on how to the Pressure Alarm Device proper functioning.	ces are l be y audit Quality . SV's ol. All Nurses, Quality yen in- check es for ll the being oning the t tool y the t the	April 9, 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES the Wextord House CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 9148 P. 18
PRINTED: 03/08/2012
FORM APPROVED
OMB NO. 0038 0301

AND PLAN O	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE:	0, 0938-039 SURVEY
		445207	B. WING		-)	
NAME OF P	ROVIDER OR SUPPLIER		075		02/:	29/2012
	D HOUSE, THE		4	REET ADDRESS, CITY, STATE, ZIP 421 JOHN B DENNIS HIGHWAY (INGSPORT, TN 37660	Y CODE	
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	lb l	PROVIDER'S PLAN OF		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EAGH CORRECTIVE ACT. GROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE	(X6) COMPLETION DATE
F 323	Continued From pa	age 13	F 999			+ -
	Review of a facility 7, 2011, revealed the alarm in place on De rhot working correct restigation statem resident having	investigation dated December the resident had a wheelchair december 7, 2011, which was tly." Continued review of four nents revealed no mention of a wheelchair alarm in place or e of the fall on December 7,	F 323	· •		
29	9, 2012, at 9:55 a.r	all and Accident Coordinator nference Room on February n., confirmed the PSA had at the time of the fall on		2		
Va Mo wil Dis Dis	ascular Dementia w cod, Pain in Soft Ti th Behavioral Distu sorder, Senile Dem	mitted to the facility on July pois of Dysphagia, UTI, with Delusions, Depressed ssues of Limb, Dementia rbances, General Anxiety pentia, Mood Disorder, t, Anxiety, Hypoxemia, and		9		
Ma	calcu the resident	of the Nursing Notes had four falls between ember 28, 2011, without		9217		
bes (ten =22 ntd. pulle Tubi	cerniber 28, 2011, ride of bed, vss (vitanperature)-98.0, P. BP (blood pressu (noted)@ (at) this ed Foley tubing looking replaced, bed of	of a Nurse's Note dated evealed "Resident in floor al signs stable) with T (pulse)=64, R (respirations) re)=134/80. No injuries time. Res (resident) had se from drainage bag. changed, bed alarm back to bed x's 3 (with the				
MS-2567(02-9	99) Previous Versions Obso	olete Event ID: FO7L11	! Facility ID:	TNOOOR		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 9148

8 P. 19 PRINTED: 03/08/2012 FORM APPROVED

1	STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Vol. mn)		OMB NO. 0938-039		
	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	P	TIPLE CONSTRUCTION	(X3) DATE	SURVEY	
1				A. BÜILDI	NG	COMPL	-ETEO	
ŀ			445207	B. WING_		1		
۱	NAME OF	PROVIDER OR SUPPLIER		- Lar		02/	29/2012	
I	WEXFO	RD HOUSE, THE		181	REET ADDRESS, CITY, STATE, ZIP CODE 2421 JOHN B DENNIS HIGHWAY			
Ļ					(INGSPORT, TN 37660			
	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE DOCUMENTED.)		TEMENT OF DEFICIENCIES	ID				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO	NI D DE	(X5) COMPLETION		
		TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)				ROPRIATE	DATE	
	F 323	0		T				
	1 020	i	je 14	F 323				
		neip of three) assist.	Denies any needs @ this					
	i	inne						
	i	Observation of the re	esident on February 27, at					
	l	3.41 a.m., and on Fe	Druary 28 2012 at 9.51	1				
	- [a.m., in the common	area revealed the resident	1 .				
	!	safety alarm in place	neelchair with a personal	l i				
	ĺ	Review of a facility in	eview of a facility investigation dated December		- 1			
	:	28, 2011, at 8:55 p.m., revealed "Alarm found off"		.	1			
		OII						
		Review of a statemen	taiven by a Cortified	J				
	1.1	NUISING ASSISTANT (CIV	A) #2 dated Doggman 20				1	
	; *	con, revealed	lied to room by CNA	İ				
	12	Alarms not sounding	ing in floor beside bed.	İ		. 1		
	1 -		1				1	
	ļ F	Review of a statement	by RN #1 dated December				ľ	
	i -	responds	of wollow to				1	
	; "	Marm was not turned o	(Ing in floor healds of heal	1]	
	_ [adim was not talled (on"			1		
	j Ir	nterview with the Fall a	and Accident Coordinator					
	(0	11 redruary 29, 2012	at 9.55 am in the					
	l De	xecutive conference re	oom, confirmed the	-				
	th	e time of the fall on D	and not been turned on at					
	1	the time of the fall on December 28, 2011.						
	R	esident #11 was admi	itted to the facility on	i				
	120	inually 17, 2012, with	diagnoses including					
	(P	uscle Weakness, Par	alysis Agitans Congestive Heart Failure,					
	1 00	cheralized Anxiety Dis	Sorder Anemia Cardiac	į				
	Pa	cemaker, and Vascul	lar Dementia.					
	1			1	*	1		
	On	servation on Februar	y 28, 2012, at 9:55 a.m.,	İ				

ine wextord House P. 20 PRINTED: 03/08/2012 No. 9148 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 15 F 323 in front of the 300-400 Hall Nurse's Desk, revealed the resident in the wheelchair with a self release seat belt on and a Personal Safety Alarm (PSA) in place on the back of the wheel chair. Observation and interview with Unit Manager #3 on February 28, 2012, in front of the 300-400 Nurse's Desk, at 10:00 a.m., confirmed the PSA was not turned on and not functioning to alarm if the resident attempted to get out of the wheelchair unassisted. F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT F 428 SS=D IRREGULAR, ACT ON Resident # 10 who was noted April 9, 2012 during survey to not have his The drug regimen of each resident must be Pharmacist Consultant reviewed at least once a month by a licensed Recommendation for GDR pharmacist. (Gradual Dose Reduction) Report reviewed by the physician in The pharmacist must report any irregularities to February 2012, had this report the attending physician, and the director of reviewed and signed on 2/29/12 by nursing, and these reports must be acted upon. the facility's Medical Director. 2. The Pharmacist Recommendation (GDR) reports for the prior two months on all other residents were also reviewed and signed by the facility Medical Director. Ongoing, This REQUIREMENT is not met as evidenced these reports will be dated and signed as to their arrival date at the Based on medical record review and interview, facility, then reviewed and signed the facility failed to respond timely to a - --by the Medical Director within 14 pharmacist consultant recommendation for one days of their arrival. It will be at resident (#10) of thirty residents reviewed the Medical Director's discretion to change or not change medication The findings included: dosages per the recommendation of the Pharmacist Recommendation Resident #10 was admitted to the facility on (GDR) report. December 22, 2008, with diagnoses including

Mood Disorder, Depression Disorder, Senile

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7:47AIVI

Cont.

CEN	TERS FOR MEDICARE	IN THE WEXTORD HOUSE HAND HUMAN SERVICES & MEDICAID SERVICES		· No	POI	21 ED. 03/08/2012 RM APPROVED		
STATE	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION	(X3) DAT	NO. 0938-0391 E SURVEY-		
		445207	B. WIN					
NAME	OF PROVIDER OR SUPPLIER		''- -	02/29				
	FORD HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CO 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660	DE			
(X4) I PREF TAG	IX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	SHOULD BE	(XS) COMPLETION DATE		
F 42	and the second s	notic Disorder with Delusions	F 4.	28. Cont. 3. A systematic approach	to ensure	April 9, 2012		
P	been taking Paroxet (milligrams) Q day (e Paroxetine" Furthe Regimen Review rev with the recommendary 2011. Medical record review dated September 20,	ealed the Physician agreed ation on September 19,		Recommendation (GDR) for all residents will be re-	viewed in will be the monthly kept by iurse and ector of lee. The Physician			
F 431 SS≒F	Medical record review Administration Record 2011, revealed the medical record and 20 lnterview with Unit Margon 2012, at 8:25 a.m., on Physician did not respectommendation date September 19, 2011 (1483.60(b), (d), (e) DRU LABEL/STORE DRUCT The facility must employ a licensed pharmacist of records of receipt are controlled drugs in suffaccurate reconciliation, records are in order and 2011, revenue and controlled drugs in suffaccurate reconciliation, records are in order and 2011, revenue and 2	of the Medication (MAR)for September edication was administered , 2011. nager 5 on February 29, the 500 hall, confirmed the ond to the Pharmacist d August 18, 2011 until thirty-two days). UG RECORDS, is & BIOLOGICALS by or obtain the services of who establishes a system and disposition of all icient detail to enable an and determines that drug d that an account of all	F 431	Administrator will be give service education be contracting Pharmacist information and usage Pharmacist Recomm (GDR) report. Cont. SEE ATTACHMENT 1. The Medication Carts (100, 200 and 500 Halls) which were not have completed shift to shift Medication reconciliation, reconciliation for individual (#26, #27 and #28) Controlled Records, proper dating for medications (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts), failed proper deficitions (100, 200, 300 and medications carts)	on the of the of the cendation 0, 300, 400, oted to not ft Narcotic resident's Substance or opened of 400 Hall posision of	April 9, 2012		
!	controlled drugs is mail reconciled.	ntained and periodically sed in the facility must be		expiration dates for emergency r kits (STAT boxes-100, 200 and 5 medication lists for contents for e medication kit (500 Hall) and a	medication 500 Halls), emergency			

F Tag 428 cont.

4. Monitoring to ensure that the Pharmacist Recommendation (GDR) report is being reviewed by the facility Medical Director will be done on a monthly basis by the Physician Liaison Nurse and/or Director of Nursing and will be reported for compliance at the monthly Quality Assurance meeting.

Mar. 21. 2012 9:50AM No. 9148 The Wextord House DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 445207 02/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2421 JOHN B DENNIS HIGHWAY WEXFORD HOUSE, THE KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 431 Continued From page 17 F 431 cont. labeled in accordance with currently accepted accessory instructions on pharmacy professional principles, and include the prescription labels (100, , 200, 300, 400, April 9, 2012 appropriate accessory and cautionary and 500 Hall Medication carts) were Instructions, and the expiration date when corrected and completed on 2/29/12 2. In the facility, all other shift to shift applicable. Narcotic Medication reconciliation logs, narcotic reconciliation for individual In accordance with State and Federal laws, the resident's controlled substance records, facility must store all drugs and biologicals in proper dating of opened medications, locked compartments under proper temperature expiration dates for emergency medication controls, and permit only authorized personnel to (STAT boxes), medication lists for contents have access to the keys. of emergency medication kits and appropriated accessory instructions on The facility must provide separately locked, pharmacy prescription labels in the permanently affixed compartments for storage of medication carts for the facility where audited to ensure completeness and controlled drugs listed in Schedule II of the with current accepted Comprehensive Drug Abuse Prevention and compliance professional principles and State and Control Act of 1976 and other drugs subject to Federal Laws, abuse, except when the facility uses single unit A systematic approach to ensure that all package drug distribution systems in which the shift to shift Narcotic Medication quantity stored is minimal and a missing dose can reconciliation logs, narcotic reconciliation be readily detected. individual resident's controlled substance records, proper dating of opened medications,

This REQUIREMENT is not met as evidenced

Based on observation, medical record review,

reconciliation on two (100 Hall Cart, 200 Hall

to provide completed shift to shift narcotic

Hall Cart, 500 Long Hall Cart, 500 Short Hall

Cart) of six medication carts observed and failed

reconciliation records on four (300 Hall Cart, 400

facility's policy, and interview the facility:

Failed to provide shift to shift narcotic

Cart) of six medication carts observed.

review of manufacturer's specifications, review of

expiration

emergency medication (STAT boxes), medication lists for contents of emergency

medication kits and appropriated accessory instructions on pharmacy prescription

labels in the medication carts for the

facility will be audited on a weekly basis

by the Medication Nurse, Unit Manager or Quality Assurance Nurse to ensure

completeness and compliance with current

accepted professional principles and State

and Federal Laws. Results of this audit will be logged on a Medication Review

Audit tool. All Medication Nurses, Unit

Managers and Quality Assurance Nurses

will have in-service education on correct

medication management in compliance

dates

Mar. ZI. ZVIZ Y:5UAM No. 9148 P. 24 PRINIEU: 03/08/2012 The Wextord House DEFARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL 10 (X8) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 18 cont. F 431 Failed to provide narcotic reconciliation on three with CUrrent accepted principles and State and Federal Laws. professional Individual Resident's Controlled Substance Records (#26, #27, #28) of forty-one observed on Monitoring to ensure medications are managed in the facility per current accepted one medication cart (200 Hall Cart) of six professional principles and State and medication carts observed. Federal Laws will be accomplished by auditing with the Medication Review audit Falled to provide proper dating for opened and compliance monitored by the Quality medications on four (100 Hall Cart, 200 Hall Cart, Assurance Nurse who will report results at 300 Hall Cart, 400 Hall Cart) of six medication the monthly Quality Assurance meeting. carts observed. Failed to provide expiration dates for five emergency medication kits (Stat Box 133, Stat Box 120, Stat Box M-14, Stat Box 329, White Emergency Cart on wheels) of five emergency kits observed in two (100-200 Hall Medication Room, 500 Hall Medication Room) of three medication rooms observed and failed to provide a medication list for one emergency medication kit (Stat Box 329) of five emergency kits observed on one (500 Hall Medication Room) of three medication rooms observed. Failed to provide appropriate accessory instructions on pharmacy prescription labels for

The findings included:

medication carts observed.

Narcotic Reconciliation Shift to Shift

Observation of the refrigerator on February 27, 2012, at 5:50 a.m., in the 100-200 Hall Medication Room with Licensed Practical Nurse

five (100 Hall Cart, 200 Hall Cart, 300 Hall Cart, 400 Hall Cart, 500 Long Hall Cart) of six

Mar. ZI. ZVIZ Y: DVAN ine wexiora nouse DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP GODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE-REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY F 431 Continued From page 19 F 431 (LPN) #1 revealed one Lorazepam 2 milligram (mg) per 1 milliliter (ml) vial without a pharmacy prescription label. Lorazepam is an injectable controlled medication with anti-anxiety, sedative, and anticonvulsant effects. Medical record review of the Individual Resident's Controlled Substance Records on the 200 Hall Medication Cart on February 27, 2012, at 6:00 a.m., at the 100-200 Hall Nursing Station with LPN #1 revealed the absence of an Individual Resident's Controlled Substance Record for the Lorazepam 2 mg vial. Further medical record review of the Individual Resident's Controlled Substance Records on the 100 Hall Medication Cart revealed the absence of a record for the Lorazepam 2 mg vial. Review of the facility's policy, "Controlled Medications" revealed, "...6. Medication Record Keeping...b. At the time of delivery, the licensed nurse accepting the medication will complete the Individual Resident's Controlled Substance Record or, in the event that a medication is being obtained to supplement the facility's emergency drug supply, the licensed nurse will complete the Narcotic Inventory Check list form...d. A count of all Controlled medications will be done at the end

of each shift by the on-coming licensed nurse and the off-going licensed nurse. The physical-inventory count of each Controlled medication will be documented on the Narcotic Inventory Check List by the licensed nurses. e. Any discrepancy in controlled substance medication count will be reported immediately to the Director of Nursing. The DON, or designee, will Immediately investigate and make every reasonable effort to

reconcile all reported discrepancies..."

DEFARIMENT OF HEALTH AND HUMAN SERVICES No. 9148 F. ZD PRINIEU: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL lD PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY F 431 Continued From page 20 F 431 Interview with LPN #1 on February 27, 2012, at 6:05 a.m., at the 100-200 Hall Nursing Station confirmed there was not an Individual Resident's Controlled Substance Record on the 100 Hall Medication Cart or the 200 Hall Medication Cart for shift to shift reconciliation for the Lorazepam 2 mg vial. Interview with the 100 Hall Unit Manager and the 200 Hall Unit Manager on February 27, 2012, at 11:50 a.m., at the 100-200 Hall Nursing Station confirmed controlled substances are to be counted and reconciled shift to shift by the on-coming and off-going nurse comparing the Individual Resident's Controlled Substance Record with the actual count and were not aware the Lorazepam injection in the refrigerator on the 100-200 Hall Nursing Station was not being reconciled shift to shift. Interview with the Director of Nursing (DON) and the Consultant Pharmacist (by telephone) on February 28, 2012, at 3:00 p.m., in the Executive Conference Room confirmed all controlled substances are to be counted and reconciled shift to shift per facility's policy and were not aware the Lorazepam injection in the refrigerator on the 100-200 Hall Medication Room was not being reconciled. 200 Hall Cart Individual Resident's Controlled Substance Records Medical record review during a control substance audit on February 27, 2012, between 6:55 a.m.

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and 7:10 a.m., at the 200 Hall Medication Cart on the 100-200 Hall Nursing Station with LPN #1

	STATEMEN	I. ZI. ZVIZ Y: 3VI XIMENI UF HEALIF ERS FOR MEDICARE NT OF DEFICIENCIES OF CORRECTION	HIM I HE WEXTORD HOUSE HAND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MIII	TIPLE CONSTRUCTION	FOR OMB NO	D: 03/08/2012 M APPROVED D: 0938-039
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1	NAME OF	PROVIDER OR SUPPLIER	445207	B. WING		no.	29/2012
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	Maaattres (related in the state of the state	Acetaminophen 500 pain) for Resident #2 discrepancy in the rethe Individual Resides Record was 6 tablets 7 tablets. Interview with LPN #7:15 a.m., at the 200 100-200 Hall Nursing discrepancy. When Least a discrepancy, Libut the 6 a.m. dose billion by the folial record review audit on February 27, and 7:10 a.m., at the 2 are 100-200 Hall Nursing the 100-200 Hall Nursing are 100-200 Hall Nursing the 100-200 Hall Nursing the saident's Controlled Solution of the physical terview with LPN #1 controlled Solution of the physical tervi	al Resident's Controlled or Hydrocodone 2.5 mg with mg tablet (medication for 26. Further audit revealed a cord. The recorded count on the Controlled Substance and the physical count was and the physical count was and the physical count was a lon February 27, 2012, at Hall Medication Cart at the Station confirmed the PN #1 was asked why there PN #1 responded, "I signed at did not give it". When PN #1 had signed the dose and PN #1 responded, "Yes." during a control substance 2012, between 6:55 a.m. and Hall Medication Cart on the Station with LPN #1 Resident's Controlled Lorazepam 2 mg tablet and for Resident #27. In a discrepancy in the count on the Individual Substance Record was 20 and February 27, 2012, at all Medication Cart on the Individual Substance Record was 20 and February 27, 2012, at all Medication Cart on the Individual Substance Record was 20 and February 27, 2012, at all Medication Cart on the Individual Substance Record was 20 and February 27, 2012, at all Medication Cart on the Individual Substance Record on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I medication Cart on the Individual Substance Record was 20 and I	F 431			

No. 9148 P. 28 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES In PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL, (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 431 Continued From page 22 F 431 as given on the Individual Resident's Controlled Substance Record, LPN #1 responded, "Yes." Medical record review during a control substance audit on February 27, 2012, between 6:55 a.m. and 7:10 a.m., at the 200 Hall Medication Cart on the 100-200 Hall Nursing Station with LPN #1 revealed an Individual Resident's Controlled Substance Record for Hydrocodone 10 mg with Acetaminophen 500 mg tablet (medication for pain) for Resident #28. Further audit revealed a discrepancy in the record. The recorded count on the Individual Resident's Controlled Substance Record was 29 tablets and the physical count was 30 tablets. Interview with LPN #1 on February 27, 2012, at 7:15 a.m., at the 200 Hall Medication Cart at the 100-200 Hall Nursing Station confirmed the discrepancy. When LPN #1 was asked why there was a discrepancy, LPN #1 responded, "I signed out the 6 a.m. dose but did not give it'. When LPN #1 was asked if LPN #1 had signed the dose as given on the Individual Resident's Controlled Substance Record, LPN #1 responded, "Yes." Interview with the DON and the Consultant Pharmacist (by telephone) on February 28, 2012, at 3:00 p.m., in the Executive Conference Room confirmed all controlled substances are-to-be counted and reconciled shift to shift per facility's policy and were not aware all controlled medications were not being reconciled on the 200 Hall Cart. Shift to Shift Narcotic Count Records Medical record review on the 100 Hall Medication

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DIVIEWE	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE	<u>O. 0938-039</u>
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In Constant of the Constant of	Cart on February 27 100-200 Hall Nursing 2012 Narcotic Control 2012 Narcotic Control documentation of nursing reconciliation out of 1 opportunities for the 1 February 2012. Interview with LPN #2 11:45 a.m., at the 100 100-200 Hall Nursing not a shift to shift reconcintrolled medications the month of February asked LPN #4 why the sheet was not signed LPN #4 responded, "To available to sign." Interview with the 100 00 Hall Unit Manager 1:50 a.m., at the 100- confirmed controlled sto counted and reconciled n-coming and off-goin dividual Resident's Cole ecord with the actual edications were not b all Cart for February 2 edical record review of art on February 27, 20 0-200 Hall Nursing St 12 Narcotic Control R cumentation of nursing	2012, at 11:40 a.m., at the estation of the February of Record for shift to shift resing signatures revealed the ring signatures documenting 104 nursing signature first twenty-six days in 104 nursing signature first twenty-six days in 105 and 106 and 107 at 107	F 431	PERIOIENC		

Mar. 21. 2012 9:51AM The Wextord House No. 9148 DEFARIMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B, WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (XS) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 431 Continued From page 24 F 431 opportunities for the first twenty-six days in February 2012. Interview with LPN #1 on February 27, 2012, at 6:35 a.m., at the 100-200 Hall Nursing Station confirmed there was not a shift to shift reconciliation sheet for Controlled medications for the 200 Hall Cart for the month of February 2012. When LPN #1 was asked why LPN #1 had not signed the shift to shift reconciliation record, LPN #1 responded, "There was no sheet available to sign." Interview with the 100 Hall Unit Manager and the 200 Hall Unit Manager on February 27, 2012, at 11:50 a.m., at the 100-200 Hall Nursing Station confirmed controlled substances are to be counted and reconciled shift to shift by the on-coming and off-going nurse comparing the Individual Resident's Controlled Substance Record with the actual count and all controlled medications were not being reconciled on the 200 Hall Cart for February 2012. Medical record review on the 300 Hall Medication Cart on February 28, 2012, at 9:30 a.m., at the 300-400 Hall Nursing Station of the February

February 2012.

2012 Narcotic Control Record for shift to shift documentation of nursing signatures revealed the absence of 20 nursing signatures documenting reconciliation out of 104 nursing signature opportunities for the first twenty-six days in

Medical record review on the 400 Hall Medication Cart on February 28, 2012, at 10:00 a.m., at the 300-400 Hall Nursing Station of the February 2012 Narcotic Control Record for shift to shift

CENTE	T OF DEFICIENCIES	AND HUMAN SERVICES & MEDICAID SERVICES	<u> </u>		FORM	31 D: 03/08/2012 MAPPROVED D: 0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE (SURVEY
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F 431	documentation of nu absence of 14 nursing reconciliation out of	ge 25 Irsing signatures revealed the ng signatures documenting 104 nursing signature first twenty-six days in	F 431	- CENTRETY		
to co	Medical record review Medication Cart on Fa.m., at the 500 Hall February 2012 Narcoto shift documentation revealed the absence documenting reconcilisignature opportunitied days in February 2012 Medical record review Medication Cart on February 2012 Narcoto shift documentation evealed the absence ocumenting reconcilisignature opportunities ays in February 2012. Interview with the DON tharmacist (by telepholismed all controlled positions)	of Control Record for shift of nursing signatures atton out of 104 nursing signatures atton out of 104 nursing as for the first twenty-six on the 500 Long Hall abruary 27, 2012, at 1:55 lursing Station of the ic Control Record for shift of nursing signatures of 21 nursing signatures atton out of 104 nursing atton out of 104 nursing for the first twenty-six and the Consultant ne) on February 28, 2012, acutive Conference Room substances are to be shift to shift ner facility's				
sh 50 ca	edications were not b lift on the 100 Hall, 20	eing reconciled shift to 10 Hall, 300 Hall, 400 Hall, Short Hall medication				

MIGI. ZI. ZVIZ 7:21 AIYI ine wexiora mouse No. 9148 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINIEU: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB_NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 431 Continued From page 26 F 431 Observation of one medication cart (200 Hall Cart) on February 27, 2012, at 6:15 a.m., with LPN #1 revealed one opened 2.5 ml bottle of Latanoprost (medication for glaucoma) Sterile Ophthalmic 0.005% Solution. Review of the manufacturer's specification on the outside of the Latanoprost box revealed, "...Opened bottles may be stored at room temperature...for 6 weeks..." Observation of four medication carts-(100 Hall Cart, 200 Hall Cart, 300 Hall Cart, 400 Hall Cart) between February 27, 2012, at 6:15 a.m. and February 28, 2012 at 10:25 a.m., with the following LPNs (LPN #4, LPN #1, LPN #8, LPN #6) revealed 3 boxes of MediSense Glucose Control Solutions (solutions for testing blood sugar for diabetics) with the expired dating of 9-16-11, 10-11-11, and 9-22-11 and one box of MediSense Glucose Control Solutions that was not dated when opened, Review of the manufacturer's specifications in the package insert for MediSense Solutions revealed solutions "are stable for 90 days after opening". Observation of the 200 Hail Cart between February 27, 2012, at 6:15 a.m. and February 28, 2012 at 10:25 a.m., with LPN #1 revealed one opened Advair Diskus containing Fluticasone 250 micrograms (mcg) and Salmeterol 50 mcg (medication for asthma) with the following label, "DISCARD UNUSED PORTION after the

without the date opened.

expiration date of 2/9/12" and one Advair Diskus

No. 9148 Wid1. / 1. / VI/ Y: DIAN ine WexTord House DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445207 02/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEPICIENCIES D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 431 Continued From page 27 F 431 Review of the manufacturer's specification in the package Insert for Advair Discus revealed, "...discard ADVAIR DISKUS 1 month after you remove it from the foil pouch..." Interview with the DON and the Consultant Pharmacist (by telephone) on February 28, 2012, at 3:00 p.m., in the Executive Conference Room confirmed the Advair Diskus is not to be administered past the expiration date and is to be marked with an expiration date when opened. Observation of the 100-200 Hall Medication Room on February 27, 2012, at 5:50 a.m., with LPN #1 revealed one emergency medication kit (Stat Box 133) without an expiration date on the outside of the box. Observation of the 500 Hall Medication Room on February 27, 2012, at 1:55 p.m., with LPN #5 revealed four emergency medication kits (Stat Box 120, Stat Box M-14, Stat Box 329, White Emergency Cart on wheels) without an expiration date on the outside of each box. Further observation revealed the outside of Stat Box 329 did not have a list of contents on the box. Review of the Tennessee Pharmacy Laws 2011 Edition Rule 1140-4-.09 Emergency and Home Care Kits documented "...(3) The expiration date of the kit shall be clearly marked on the exterior of the kit to represent the earliest expiration date

of any drug, device, or related materials

contained in the kits...6. A list of the emergency kit contents shall be readily accessible and it shall include the drugs, device, and related materials contained therein and include the name (trade and/or generic), strength, and quantity of the

No. 9148 P. 34 PRINTED 03/08/2012 FORM APPROVED DEFMAT. ZI. ZUIZ Y: DIAM The Wextord nous CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL D PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 431 Continued From page 28 F 431 products contained therein..." Interview with the DON and the Consultant Pharmacist (by telephone) on February 28, 2012, at 3:00 p.m., in the Executive Conference Room confirmed emergency medication kits are to marked with an expiration date on the exterior of the kit and a list of the contents is to be readily accessible. Appropriate Accessory Instructions Observation of the 100 Hall Medication Room on February 27, 2012, at 11:40 a.m., with LPN #4 revealed one sixteen ounce bottle of Sodium Polystyrene Sulfonate (medication to reduce Potassium) without a "shake well" label. Review of the manufacturer's specification in the package insert for Sodium Polystyrene Sulfonate revealed, "...SHAKE WELL..," Observation of five medication carts (100 Hall Cart, 200 Hall Cart, 300 Hall Cart, 400 Hall Cart, 500 Long Hall Cart) between February 27, 2012, at 6:15 a.m. and February 28, 2012 at 10:25 a.m., with the following LPNs (LPN #4, LPN #1, LPN #8, LPN #6, LPN #5,) revealed 10 bottles of 120 doses each of Fluticasone Nasal Spray (medication for rhinitis) without a "Shake Well" label. Further review revealed the pharmacy label covered the manufacturer's "Shake Well" label. Review of the manufacturer's specification in the раскаде insert for Fluticasone Nasal Spray revealed, "...Shake gently before using..."

The Wextord House

DEFAI	T. ZI. ZVIZ 9:91A KIMENI OF HEALIF ERS FOR MEDICARE	IN THE WEXTORS HOUSE AND HUMAN SERVICES MEDICAID SERVICES			No. 9	148 P. PRINTE FOR	35 D: 03/08/2012 M APPROVED
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NAME OF PROVIDER OR SUPPLIER				TREET	ADDRESS, CITY, STATE, ZIP CODE	02/	29/2012
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F 502 \$S=D	at 3:00 p.m., in the Electric confirmed "shake we medications that require administration. 483.75(j)(1) ADMINIST The facility must provide to meet the facility is responsible of the services. This REQUIREMENT by: Based on medical reather facility failed to obfor one resident (#13) The findings included: Resident #13 was admitted and planuary 24, 2012, with Stem Cerebrovascular Failure, and Diabetes Medical record review dated January 30, 201. drawn on February 20, metabolic panel), preadmeasuring protein definitional record review the labs were obtained.	ON and the Consultant thone) on February 28, 2012, executive Conference Room of the Property 28 and the Conference Room of the STRATION of the quality and timeliness is not met as evidenced cord review, and interview, tain laboratory tests timely of thirty residents reviewed. In the diagnoses including Brain Accident, Respiratory Mellitus. Of a Physician's Order 2, revealed "labs to be 2012: CMP (complete burnin (blood test for ciency)" The evealed no documentation of the property 27.	F 502	1. 2. 3.	orders where audited on 2/29/12 that all labs were drawn or designated by the physician order	drawn on had this dreordered was drawn or y with lab to cusure the day to their labs the will be their labs to their labs the will be by the Lab be drawn per a Lab grant the mplished, in-service ab Draw it can be de correct Labs are date per lished by ab Draw the lab are date per lished by ab Draw the lab by ab Draw the labs are date per lished by ab Draw the labs are date the labs are	April 9, 2012
2	012, at 2:18 p.m., at the	ne 500 Hall Nurses					

No. 9148 P. 36 MIGI. ZI. ZVIZ 9:DIANI ine wexiora mouse DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A, BUILDING B. WING 445207 NAME OF PROVIDER OR SUPPLIER 02/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENT: FYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) F 502 Continued From page 30 F 502

F 514

prealbumin was due on February 20, 2012, and the facility failed to obtain the laboratory tests.

F 514 | 483.75(I)(1) RES

SS=E | RECORDS-COMPLETE/ACCURATE/ACCESSIB LE

The facility must maintain clinical records on each

Station, confirmed the resident's CMP and

resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, the facility failed to ensure the medical record accurately documented the code status for one resident (#9) and failed to ensure accurate documentation on Medication Administration Records (MAR) for three residents (#8, #10, #21) of thirty residents reviewed.

The findings included:

Resident #9 was admitted to the facility on July 28, 2009, with diagnosis of Dysphagia, UTI, Vascular Dementia with Delusions, Depressed Mood, Pain in Soft Tissues of Limb, Dementia with Behavioral Disturbances, General Anxiety

 Resident #9 who was identified during survey as not having their Code Status updated, had this document updated and placed in her Medical Record on 2/29/12, Residents #8, #10, and #21 who had Medications administered but not documented on their MAR, had these records reviewed 2/29/12 for completion and accuracy.

 All other residents in the facility had their Code Status reviewed and updated (if needed) for completion and accuracy in their Medical Record. All residents in the facility also had their MAR reviewed for completion and accuracy.

A systematic approach to ensure that all residents have their Code Status complete and accurate in their Medical Record will be accomplished by a monthly audit by the Unit Manager, Social Service Staff or Quality Assurance Nurse and documented on a Code Status audit log. All residents will have their Medication Administration Records (MARS) complete and accurate which will be accomplished by a daily audit by the Unit Manager, House SV or Quality Assurance Nurse on an audit log. The Quality Assurance Nurses, Unit Managers, Social Services Staff and Nursing SV's will be educated on the need to make sure that all Code Status for the residents are complete and accurate on the The Medication Nurses, Unit Managers, Quality Assurance Nurse and Nursing SV's will be in-serviced on the need to ensure that all MARS are complete and accurate for Mediation Administration.

Cont.

April 9, 2012

Mar. 21. 2012 9:52AM The Wextord House DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIN1ED: 03/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445207 02/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE WEXFORD HOUSE, THE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID. PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 514. Continued From page 31 F 514 cont. Disorder, Senile Dementia, Mood Disorder, Monitoring for completion and accuracy of Diabetes Type II, Gout, Anxiety, Hypoxemia, all Code Status and Mars will be monitored Down's Syndrome. per the Code Status or MAR Audit Log by the Quality Assurance Nurse and Medical record review of a Physicians Orders for compliance reported monthly at the Quality the Scope of Treatment (POST) form dated July Assurance meeting. 29, 2009, revealed the resident was a full code. Medical record review of a Request For Do Not Resuscitate Order and a Do Not Resuscitate (DNR) Order dated November 3, 2010, revealed the resident was a DNR. Review of the Medication Administration Record (MAR) for February 2012, revealed, "Code Status: Full Code." Medical Record Review of the Physician's Recapitulation orders signed by the physician February 10, 2012, indicated the resident was a full code since August 1, 2011. Medical record review of a POST form which had not been signed and dated by the Physician indicated the resident was a DNR. Interview with LPN unit manager #4 on February 28, 2012, at 9:55 a.m., at the 400 hall nurse's station, confirmed the resident was a DNR and

resident's code status.

the medical record did not accurately reflect the

Resident #8 was admitted to the facility on November 15, 2011, with diagnoses including Vascular Dementia with Depressed Mood and Delusions, Paralysis Agitans, Atrial Fibrillation, Dementia with Behavior Disturbance, Diabetes, Chronic Obstructive Pulmonary Disease,

DEI ^{Ma r} CENTE	Z. ZI. ZUIZ. Y:5ZA	M The Wexford House HAND HUMAN SERVICES & MEDICAID SERVICES			No. 9148 P.	U: 03/08/2012
SIATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	(X3) DATE	M APPROVED D. 0938-0391 SURVEY
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<u> </u>	RD HOUSE, THE			STREET ADDRESS, CITY, STATE, ZI 2421 JOHN B DENNIS HIGHWA KINGSPORT, TN 37660	P CODE	
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORVIATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	TION SHOULD BE	(X5) COMPLETION DATE
To St. m	Medical record review Administration Record January 2012 revealed documentation for medical (antipsychological) and pressure January 30; Namenda (demer (blood pressure) January 30; Aspirin January 30; Aspirin January 30; Metformin Humalog (Insulin) two Sinemet (Parkinson's) antiseizure) January 30; antiseizure) January 30; Metformin Humalog (Insulin) two Sinemet (Parkinson's) antiseizure) January 30; antiseizure) Janu	onea, Hypertension, Morbid arm Anticoagulants. w of the Medication and (MAR) for the month of ed the following missing edication administration: otic) January 22, 23, 24, 26; tion) January 30; Amlodipine vary 30; Allopurinol (gout) anuary 30; Celexa lary 30; Digoxin (irregular property 30; Exelon (Alzheimers) of (Diabetes) January 30; January 30; January 30; and Depakote 30. The common room, of not been documented to each en administered. (In LPN #14 on February confirmed "130 percent the scheduled" forcet to sign of the common of the scheduled "forcet to sign of the common of the scheduled" forcet to sign of the common of the scheduled "forcet to sign of the common of the scheduled" forcet to sign of the common of the scheduled "forcet to sign of the common of the scheduled" forcet to sign of the common of the scheduled "forcet to sign of the common of the scheduled" forcet to sign of the common of the scheduled "forcet to sign of the common of the scheduled" the scheduled "forcet to sign of the common of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled "forcet to sign of the scheduled" the scheduled	F 51	DEFICIENC	ΣY)	
Re De Mo	esident #10 was admi ecember 22, 2008, wit ood Disorder, Depress ementia and Psychotic	th diagnoses including sion Disorder, Senile Disorder with Delusions.				

DEFARIMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 9148 P. 39
PRINTED: 03/08/2012
FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIE	NOICE	0(4) 555155				OMB NO. 0938-039		
AND PLAN OF CORRECT	ON	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) I A. BL		TPLE CONSTRUCTION	(XS) DAT	E SURVEY IPLETED	<u>.</u>
		445207	B. WI	NG_		0.		
NAME OF PROVIDER OR WEXFORD HOUSE,			1	2	REET ADDRESS, CITY, STATE, ZIP CODE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660		2/29/2012	
PREFIX (EAUM	DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	ix	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OHI D BE	COMPLETION DATE	N
Aspinn at Cranberry a.m., Losa 9:00 a.m., Vitamin B- (calcium) at (saline) at and Vitami record revimedication January 30 Interview w 2012, at 8:0 confirmed to indicate the Nurse (LPN a.m., confirmed to indicate the Nurse (LPN a.m., confirmed to indicate the Nurse (LPN a.m., confirmed to indicate the Nurse (LPN a.m., confirmed to indications medications Medical record Administration 2012 thru Jawas to receive (medication 1 and 2, and (insomnia medication) 1 and 20; Roce	e HCL (an 9:00 a.m., with Probertan Potas Nitrofurar 12 at 9:00 a.m., at 9:00 a.m., a potas point of the second of	ge 33 ti-depressant) at 8:00 a.m., "AZO"(brand name) iotic with Vitamin C" at 9:00 asium (anti-hypertensive) at atoin (antiblotic) at 9:00 a.m., a.m., Calcitrate plus D n., Deep Sea Nasal Spray 12:00 p.m., and 4:00 p.m., 0 a.m. Further medical MAR revealed the been signed as administered anager #4 on February 29, the 400 nursing station, and not been documented to bons were given. with Licensed Practical February 29, 2012, at 8:20 PN administered the I to document the MAR. mitted to the facility on with diagnoses including abetes Mellitus, Deep Vein al Artery Disease, and of a Medication — (MAR) dated January 1, 2012, revealed the resident owing medications; Lyrica antrol) at 2 p.m., on January at 9 p.m., on January 6 biotic) at 10 a.m., on blood thinner) at 6 p.m., on	F	514				

DEFAILURENT OF HEALTH CENTERS FOR MEDICARE	AM The Wextord House AND HUMAN SERVICES & MEDICAID SERVICES		No	FORM	J. 03/08/2012 MAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE COMPI	D. 0938-0391 SURVEY LETED
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NAME OF PROVIDER OR SUPPLIER WEXFORD HOUSE, THE		.	STREET ADDRESS, CITY, STATE, ZIP CO 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660		29/2012
PREFIX . (EACH DEVICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR	SHOULD DE	(X5) COMPLETION DATE
Multiple Sclerosis) at 15, 16, 19, 27, and 2 revealed the medical administered. Medical record reviet 1, 2012 thru Februar resident was to receit Copaxone at 6 p.m., Lasix (medication for February 22; K-Dur (potassium) at 6:30 at (antibacterial) at 9 at Cymbalta (medication on February 22; Bent bowel) at 9 at m., on February 22. Further the MAR revealed the signed as administered.	OS (antibiotic) at 8 p.m., on paxone (medication for t 6 p.m., on January 1, 2, 3, 29. Further review of the MAR tions had not been signed as w of a MAR dated February y 29, 2012, revealed the ve the following medications; on February 23 and 24; fluid retention) at 9 a.m., on medication for low m., on February 22; on for depression) at 9 a.m., yl (medication for irritable february 22; and Fibercon pation) at 9 a.m., on medical record review of medications had not been ed. nager #4 on February 29, t the 400 hall nurses station of January 2012 and document the	F 51			